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Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				COMPLETE IF KNOWN	
				Application Number	10/589,693
				Filing Date	August 17, 2006
				First Named Inventor	NORIKAZU OTAKE et al.
				Group Art Unit	--
				Examiner Name	--
				Attorney Docket Number	BY0036P
Sheet	1	of	2		

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Examiner Signature		Date Considered	
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*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH.

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22315-1450. Computer generated form "IDS Form" (IDS Folder), Merck & Co., Inc., 8/24/2000

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1626

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